Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA	_	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1:	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
You	r full name		
Write	e the name that is on	Carla	
		First name	First name
exar	nple, your driver's	s	
licen	se or passport).	Middle name	Middle name
		Miller	
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
Inclu maio	ide your married or den names.		
youi num Indi Iden	r Social Security ber or federal vidual Taxpayer tification number	xxx-xx-4374	
	You Write your pictu exar licen Bring iden mee	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Miller Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number xxxx-xx-4374

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Debtor 1 Carla S Miller Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
	doing business as names		
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		310 S Dale Mabry Hwy. #240 Tampa, FL 33609	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Hillsborough	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		702 South 17th Avenue #4 Hollywood, FL 33020	
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
5.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are				f each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bank. box.	ruptcy
	choosing to file under	■ Cha	apter 7				
		☐ Cha	apter 11				
		☐ Cha	apter 12				
		☐ Cha	apter 13				
8.	How you will pay the fee	_	about how yo	u may pay. Typic attorney is submi	ally, if you are paying the fee yo	with the clerk's office in your local court for mor curself, you may pay with cash, cashier's check, o lf, your attorney may pay with a credit card or ch	or mone
					Ilments. If you choose this option (Official Form 103A).	n, sign and attach the Application for Individuals	to Pay
			request that	t my fee be waiv	red (You may request this option	only if you are filing for Chapter 7. By law, a jud ur income is less than 150% of the official povert	ige may,
		á	applies to yo	ur family size and	you are unable to pay the fee in	installments). If you choose this option, you must al Form 103B) and file it with your petition.	
).	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes					
			District			Case number	
			District		When	Case number	
			District		When	Case number	
0.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to	ine 12.			
	residence:	☐ Yes	. Has yo	ur landlord obtair	ned an eviction judgment agains	you?	
				No. Go to line 12	2.		
				Voc Fill out Initio	al Statement About an Eviction	udgment Against You (Form 101A) and file it as	nart of

Debtor 1 Carla S Miller

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Den	Caria S Willer				Case number (ii known)
Part	Report About Any Bu	ısinesses	You Own	as a Sole Proprie	etor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	usiness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	у
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	ate & ZIP Code
	it to this petition.		Check	the appropriate bo	oox to describe your business:
				Health Care Busin	siness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))
				Commodity Broke	xer (as defined in 11 U.S.C. § 101(6))
				None of the above	ve
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i>	deadline operation	s. If you in ns, cash-flo S.C. 1116(dicate that you are bw statement, and f 1)(B).	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	No.	ı am n	ot filing under Chap	apter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	Report if You Own or	Have Any	/ Hazardo	us Property or An	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?	
	identifiable hazard to public health or safety? Or do you own any		If immed	iate attention is	
	property that needs immediate attention?			why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Carla S Miller Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Carla S Miller			Case num	nber (if known)
Part	6: Answer These Quest	ions for R	Reporting Purposes		
16.	What kind of debts do you have?	16a.		y consumer debts? Consumer debts are doersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		y business debts? Business debts are debnyestment or through the operation of the b	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts yo	ou owe that are not consumer debts or busin	ness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	oter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes.		7. Do you estimate that after any exempt pre available to distribute to unsecured credito	roperty is excluded and administrative expenses rs?
	administrative expenses		■ No		
	are paid that funds will be available for		☐ Yes		
	distribution to unsecured creditors?				
18.		1 -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99	9	5001-10,000	□ 50,001-100,000
		☐ 100-1 ☐ 200-9		☐ 10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	= \$0 - \$	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	□ \$0 - \$	\$50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			,001 - \$500,000 ,001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		— \$500	,001 - \$1 1111111011	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Part					
For	you	I have e	xamined this petition, and I	declare under penalty of perjury that the inf	ormation provided is true and correct.
				er 7, I am aware that I may proceed, if eligib ne relief available under each chapter, and I	ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				did not pay or agree to pay someone who is d the notice required by 11 U.S.C. § 342(b).	
		I reques	t relief in accordance with th	ne chapter of title 11, United States Code, s	pecified in this petition.
		bankrup and 357	tcy case can result in fines	ent, concealing property, or obtaining mone up to \$250,000, or imprisonment for up to 2	y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Carla S		Signature of Deb	otor 2
			e of Debtor 1	-	
		Execute	d on July 11, 2019	Executed on	
			MM / DD / YYYY		MM / DD / YYYY

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Debtor 1 Carla S Miller	0.13 BK 00000 KG1 B00		e number (if known)
			· · · · · · · · · · · · · · · · · · ·
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Uni	ited States Code, and have e	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented b an attorney, you do not need to file this page.	y and, in a case in which § 707(b)(4)(D) applie		eledge after an inquiry that the information in the
, ,	/s/ Charles T. Stohlman Signature of Attorney for Debtor	Date	July 11, 2019 MM / DD / YYYY
	Charles T. Stohlman 933287		

Charles T. Stohlman 933287
Printed name

The Stohlman Law Firm, LLC

Firm name

120 E. Pine Street Suite #7 Lakeland, FL 33801

Number, Street, City, State & ZIP Code

Contact phone (863) 603-0856 Email address charless@cstohlmanlaw.com

933287 FL

Bar number & State

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Fill i	n this inforn	nation to identify your	case:			
Debt		Carla S Miller				
Debt	or 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF F	FLORIDA		
Case	number					
(if know	wn)				_	ck if this is an nded filing
Sun	nmary o			nd Certain Statistical Information are filing together, both are equally responsible	or supplyi	12/15
inforr	nation. Fill o	out all of your schedul	es first; then complete the	e information on this form. If you are filing amend the box at the top of this page.		
						assets of what you own
		/B: Property (Official F e 55, Total real estate, f			\$	0.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B		\$	4,940.00
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		\$	4,940.00
Part :	2: Summa	arize Your Liabilities				
						liabilities nt you owe
			laims Secured by Property mn A, Amount of claim, at tl	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	10,304.00
			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of Schedule E/F	\$	475.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	694,546.38
				Your total liabilities	\$ \$	705,325.38
Part	3: Summa	arize Your Income and	l Expenses			
		Your Income (Official Fo				
				I	\$	3,857.00
		Your Expenses (Offician nonthly expenses from I			\$	4,028.00
Part -	4: Answe	r These Questions for	Administrative and Statis	stical Records		
6.	-		er Chapters 7, 11, or 13? ton this part of the form. Ch	neck this box and submit this form to the court with yo	our other so	chedules.
7.	■ Yes What kind o	of debt do you have?				
				debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or
				ve nothing to report on this part of the form. <i>Check th</i> .	s box and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

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Debtor 1 Carla S Miller Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	475.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	662,255.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	662,730.00

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Fill in	n this inf	ormation to identify yo	ur case a	nd this filing:	I Hed Office	o rago 10 or o		
Debto		Carla S Miller						
Dobte	J. 1	First Name		Middle Name	Last Name			
Debto	or 2 se, if filing)	First Name		Middle Name	Last Name			
` .		Bankruptcy Court for the	· MIDD	LE DISTRICT OF FLORIDA				
Onico	a Otatos	Darintapley Court for the		LE DIGITAGE OF FEORIDA				
Case	number				=			Check if this is an amended filing
								amenaca ming
Off;	cial E	orm 106A/B						
			norti	17				
		ıle A/B: Pro		y . List an asset only once. If a			: 4l	12/15
think it	t fits best.	Be as complete and accurate space is needed, atta	ırate as po	ossible. If two married people rate sheet to this form. On the	e are filing together, both a	re equally responsible for	supply	ing correct
Part 1	: Descri	be Each Residence, Build	ng, Land,	or Other Real Estate You Ow	n or Have an Interest In			
1. Do :	vou own	or have any legal or equita	ble intere	st in any residence, building,	land, or similar property?			
	-		Die iiitere.	st in any residence, building,	ianu, or similar property:			
_	No. Go to							
ЦΥ	Yes. Whe	re is the property?						
Part 2	Descri	be Your Vehicles						
□ n								
3.1	Make:	STS		Who has an interest in the	e property? Check one	Do not deduct secured		
	Model:	Cadillac		Debtor 1 only		the amount of any sec Creditors Who Have C		
	Year:	2007		Debtor 2 only		Current value of the		irrent value of the
		nate mileage:	89500	☐ Debtor 1 and Debtor 2 o☐ At least one of the debtor	•	entire property?	ро	ortion you own?
				— At loads one of the debt		* 2.222.22	•	# 0.000.00
				Check if this is commit (see instructions)	unity property	\$3,000.00		\$3,000.00
Example 5 According part 3	amples: B No Yes dd the do nges you	oats, trailers, motors, per ollar value of the portion have attached for Part be Your Personal and Ho	rsonal wa n you ow 2. Write usehold Ite	and other recreational vehic stercraft, fishing vessels, sn on for all of your entries fr that number here	owmobiles, motorcycle ad	y entries for	porti	\$3,000.00 ent value of the ion you own?
6 H A	usehold	goods and furnishings						ot deduct secured as or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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	Carla S Mille	Case number ((if known)
Yes.	Describe		
		1 couch, 3 chairs, table & 4 chairs, bed, desk, bookcase	\$600.00
□ No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	; music collections; electronic devices
. 00.	200000	television, 1 laptop(4 years old)	\$200.00
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta ons, memorabilia, collectibles	mp, coin, or baseball card collections;
☐ Yes.	Describe		
	ent for sports at les: Sports, photo musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
☐ Yes.	Describe		
). Firearı Exam _l		s, shotguns, ammunition, and related equipment	
No			
■ No □ Yes.	Describe		
☐ Yes. I. Clothe Example ☐ No	s	othes, furs, leather coats, designer wear, shoes, accessories	
☐ Yes. 1. Clothe Example ☐ No	e s ples: Everyday clo	othes, furs, leather coats, designer wear, shoes, accessories Assorted clothing	\$ 25.0 0
☐ Yes. I. Clothe Exampli ☐ No ■ Yes. 2. Jewelr Exampli ☐ No	es oles: Everyday clo Describe		s, gems, gold, silver
☐ Yes. I. Clothe Examp ☐ No ☐ Yes. I. Jewelr Examp ☐ No ☐ Yes. I. No ☐ Yes.	Describe Describe Describe Describe	Assorted clothing welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches watch	s, gems, gold, silver
☐ Yes. I. Clothe Examp ☐ No ☐ Yes. I. Jewelr Examp ☐ No ☐ Yes. I. Non-fa Examp ☐ No ☐ Yes.	Describe	Assorted clothing welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches watch	gems, gold, silver
☐ Yes. 1. Clother Examp ☐ No ☐ Yes. 2. Jewelr Examp ☐ No ☐ Yes. 3. Non-far Examp ☐ No ☐ Yes. 4. Any ot ☐ No	Describe	Assorted clothing welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches watch birds, horses d household items you did not already list, including any health aids you did n	\$40.00
☐ Yes. 1. Clother Example No ☐ Yes. 2. Jewelr Example No ☐ Yes. 3. Non-far Example No ☐ Yes. 4. Any ot	Describe Describe Describe Describe Describe	Assorted clothing welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches watch birds, horses d household items you did not already list, including any health aids you did n	gems, gold, silver

Official Form 106A/B Schedule A/B: Property

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De	ebtor 1	Carla S Miller		Case	e number (if known)	
Pa	rt 4: Des	scribe Your Financial As	sets			
			r equitable interest in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No		n your wallet, in your home, i	n a safe deposit box, and on hand wher	າ you file your petition	
17.	Examp _			certificates of deposit; shares in credit the same institution, list each.	unions, brokerage house	s, and other similar
	☐ No ■ Yes			Institution name:		
		17.	Checking and 1. Savings accounts	Philadelphia Federal Credit Uni	on	\$1,000.00
18.	Examp ■ No	mutual funds, or pub	blicly traded stocks ment accounts with brokera Institution or issuer name	ge firms, money market accounts		
19.	Non-pu joint ve ■ No	iblicly traded stock arenture Give specific information	nd interests in incorporate	d and unincorporated businesses, in	-	n LLC, partnership, and
20.	Negotia Non-ne ■ No	ment and corporate kable instruments include gotiable instruments a	e personal checks, cashiers re those you cannot transfer	e and non-negotiable instruments checks, promissory notes, and money to someone by signing or delivering the		
21.	Examp ■ No	List each account sepa	RISA, Keogh, 401(k), 403(b)	, thrift savings accounts, or other pension	on or profit-sharing plans	
22.	Your sh Examp ■ No		sits you have made so that	you may continue service or use from a cutilities (electric, gas, water), telecomn		r others
23			riodic payment of money to	ou, either for life or for a number of yea	ars)	
20.	■ No □ Yes		ame and description.	you, clairer for the or for a frameer of year		
24.	26 U.S.0 ■ No	C. §§ 530(b)(1), 529A(b	b), and 529(b)(1).	ed ABLE program, or under a qualifie	. •	ı.
	☐ Yes		·	parately file the records of any interests.	5 (,,	
25.	■ No	equitable or future in Give specific information		than anything listed in line 1), and rig	hts or powers exercisa	ble for your benefit

Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1	Carla S Miller	Case number (if known)	
26.	Examp ■ No	, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing Give specific information about them	agreements	
27.	Examp ■ No	es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, licenses are specific information about them	quor licenses, professional licenses	\$
M	oney or p	roperty owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	unds owed to you	votures and the toy voors	
	⊔ Yes. 0	Give specific information about them, including whether you already filed the	returns and the tax years	
29.	■ No	support les: Past due or lump sum alimony, spousal support, child support, maintena Give specific information	nce, divorce settlement, property s	ettlement
30.	Examp ■ No	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay benefits; unpaid loans you made to someone else Give specific information	y, vacation pay, workers' compens	ation, Social Security
31.		s in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit,	homeowner's, or renter's insurance	е
	☐ Yes. I	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a someon	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policine has died. Give specific information	cy, or are currently entitled to recei	ve property because
33.	Examp ■ No	against third parties, whether or not you have filed a lawsuit or made a les: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	demand for payment	
34.	Other c	ontingent and unliquidated claims of every nature, including countercla	aims of the debtor and rights to s	set off claims
		Describe each claim		
	■ No	Give specific information		
			or pages you have attached	
30		ne dollar value of all of your entries from Part 4, including any entries fort t 4. Write that number here		\$1,000.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 4

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Debtor 1	Carla S Miller		Case number (if known)	
37. Do yo	ou own or have any legal or equitable interest in any business-related	d property?		
No.	Go to Part 6.			
☐ Yes	s. Go to line 38.			
	Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do y	ou own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
I	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
Exa ■ No	you have other property of any kind you did not already list? amples: Season tickets, country club membership bes. Give specific information			
54. Ad	d the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Pa	rt 1: Total real estate, line 2			\$0.00
56. Pa	rt 2: Total vehicles, line 5	\$3,000.00		
57. Pa	rt 3: Total personal and household items, line 15	\$940.00		
58. Pa	rt 4: Total financial assets, line 36	\$1,000.00		
59. Pa	rt 5: Total business-related property, line 45	\$0.00		
60. Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62. To	tal personal property. Add lines 56 through 61	\$4,940.00	Copy personal property total	\$4,940.00
63. To	tal of all property on Schedule A/B. Add line 55 + line 62			\$4,940.00

Official Form 106A/B Schedule A/B: Property page 5

		Case 8:19-bk-0	6553-RCT D	oc 1	Filed 07/11/19	Page	15 of 59
Fill	l in this inform	nation to identify your case:					
	ebtor 1	Carla S Miller					
		First Name	Middle Name	L	ast Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name		
		nkruptcy Court for the: MIDI	DLE DISTRICT OF FL	ORIDA			
0	inca Glates Bai	intropitoy Court for the	SEE BIOTRIOT OF TE	ONIDA			
	nown)						☐ Check if this is an amended filing
Of	fficial For	m 106C					
S	chedule	e C: The Prope	rty You Cl	aim	as Exempt		4/19
the nee case spe any fundexe to the Pa	property you listeded, fill out and enumber (if knowe each item of perific dollar amy applicable statement of applicable	sted on Schedule A/B: Property dattach to this page as many cown). property you claim as exemple to the second as exempt. Alternative attactory limit. Some exemption limited in dollar amount. Ho	y (Official Form 106A/E copies of <i>Part 2: Addition</i> ot, you must specify to by, you may claim the ons—such as those for owever, if you claim a the value of the prope	B) as yo onal Pa the amo full fai or healt an exen erty is o	our source, list the property ge as necessary. On the to punt of the exemption you ir market value of the pro th aids, rights to receive nption of 100% of fair ma letermined to exceed tha	that you op of any u claim. (operty be certain b rket valu t amount	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the styour exemption would be limited
	You are cla	niming state and federal nonba	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are cla	iming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any prop	erty you list on <i>Schedule A/</i> Ł	3 that you claim as e	xempt,	fill in the information bel	ow.	
		on of the property and line on hat lists this property	Current value of the portion you own	Am	ount of the exemption you c	laim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	Check only one box for each exemption.		
		adillac 89500 miles	\$3,000.00			\$0.00	Fla. Stat. Ann. § 222.25(1)
	Line Irom Sch	edule A/B: 3.1			100% of fair market value any applicable statutory		
	1 couch, 3 d	chairs, table & 4 chairs,	\$600.00		\$6	00.00	Fla. Const. art. X, § 4(a)(2)
		edule A/B: 6.1			100% of fair market value any applicable statutory		
		laptop(4 years old)	\$200.00		\$2	200.00	Fla. Const. art. X, § 4(a)(2)
	Line from Sch	edule A/B: 7.1			100% of fair market value any applicable statutory		

watch

school books

Line from Schedule A/B: 12.1

Line from Schedule A/B: 14.1

\$40.00

\$75.00

Fla. Const. art. X, § 4(a)(2)

Fla. Const. art. X, § 4(a)(2)

\$40.00

\$75.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

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Debte	or 1 Carla S Miller	Case number (if known)				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	·		Specific laws that allow exemption	
		Copy the value from Check only one box for each exemption. Schedule A/B				
	Checking and Savings accounts: Philadelphia Federal Credit Union	\$1,000.00	0.00 ■ \$1,000.00		Fla. Stat. Ann. § 222.11(2)(c)	
	ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	Are you claiming a homestead exemption Subject to adjustment on 4/01/22 and every	, ,		led on or after the date of adjustmer	nt.)	
	No					
[Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

	Case o.19	-DK-00553-RC1	DOC 1 Filed C	77/11/19 Pa(Je 17 01 59	
Fill in this information t	o identify your	case:				
Debtor 1 Car	la S Miller					
First N		Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First N	lame	Middle Name	Last Name			
United States Bankruptcy	Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case number						
(if known)					☐ Che	ck if this is an
			,		ame	ended filing
Official Form 106	D					
Official Form 106						
Schedule D: C	reditors	Who Have Cla	ims Secured	by Propert	y	12/15
		two married people are filing ut, number the entries, and a				
1. Do any creditors have cla	ims secured by	your property?				
☐ No. Check this bo	x and submit th	is form to the court with you	ur other schedules. You	u have nothing else t	o report on this form	
■ Yes. Fill in all of th		•		3		
Part 1: List All Secur						
				Column A	Column B	Column C
for each claim. If more than	one creditor has	more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
American Credit	İ					ĺ
Acceptance		Describe the property that s		\$10,304.00	\$3,000.00	\$7,304.00
Creditor's Name		2007 STS Cadillac 895	500 miles			
961 E Main Stree	et	As of the date you file, the capply.	claim is: Check all that			
Spartanburg, SC	29302	Contingent				
Number, Street, City, State	e & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Che	ck one.	Nature of lien. Check all tha	at apply.			
Debtor 1 only		An agreement you made (such as mortgage or secu	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 or	,	☐ Statutory lien (such as tax	· ·			
☐ At least one of the debtor		Judgment lien from a laws				
☐ Check if this claim related community debt	tes to a	Other (including a right to	offset)			
Date debt was incurred		Last 4 digits of accou	unt number 1001			
•		lumn A on this page. Write t		\$10,30	4.00	
If this is the last page of Write that number here:	your form, add t	he dollar value totals from al	Il pages.	\$10,30	4.00	
	.	a Dobt That You Alroady		1		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Eill	in this inform	ation to identify your ca	250.						
			ase.						
Deb	otor 1	Carla S Miller First Name	Middle Name	Last Name					
Deb	otor 2	Tilstivanie	Wildlie Hame	Last Name					
	use if, filing)	First Name	Middle Name	Last Name					
Uni	ted States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA					
Coo	a numbar								
	se number own)						_	neck if this is a	an
Off	icial Form	106E/F							
			no Have Unsecu	red Claims				12/1	15
Sche Sche left. name	edule G: Executor edule D: Creditor Attach the Conti e and case num	ory Contracts and Unexpir rs Who Have Claims Secu inuation Page to this page	nat could result in a claim. ed Leases (Official Form 1 red by Property. If more sp . If you have no information	06G). Do not include ace is needed, copy	any cre the Part	ditors with partially s you need, fill it out,	ecured claims t number the entr	that are listed in ries in the boxe	in es on the
		s have priority unsecured							
••	No. Go to Pa		onamie agamet year						
	Yes.								
	possible, list the Part 1. If more th	claims in alphabetical order an one creditor holds a part	both priority and nonpriority according to the creditor's n- icular claim, list the other cre e the instructions for this form	ame. If you have more editors in Part 3.	than tw				ige of
2.1	State of	Delaware	Last 4 digits of	account number 5	745	\$475.00	\$475		\$0.00
	Priority Cred Delaware PO Box	ditor's Name e Division of Corp.	When was the		143		Ψ17.5	<u></u>	Ψ0.00
	Number Str	eet City State Zip Code	As of the date y	ou file, the claim is:	Check a	II that apply			
	Who incurred	the debt? Check one.	☐ Contingent						
	Debtor 1 on	ıly	☐ Unliquidated						
	Debtor 2 on	lly	☐ Disputed						
	☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim:								
	☐ At least one of the debtors and another ☐ Domestic support obligations								
	☐ Check if th	is claim is for a communi	ty debt Taxes and co	ertain other debts you	owe the	government			
		ıbject to offset?		eath or personal injury	while yo	u were intoxicated			
	■ No		Other. Speci	fy					
	☐ Yes			State Income	Tax				
Par	t 2: List All	of Your NONPRIORITY	Unsecured Claims						
3.		s have nonpriority unsecu							
	_		t. Submit this form to the co	urt with your other scho	edules.				
	Yes.								
	unsecured claim	, list the creditor separately	ms in the alphabetical order for each claim. For each claim the other creditors in Part 3	m listed, identify what	ype of c	laim it is. Do not list cla	aims already inclu	uded in Part 1. I	If more

Total claim

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Debto	or 1 Carla S Miller	Case number (if known)	
4.1	ACS/Wells	Last 4 digits of account number XXXX	\$180,000.00
	Nonpriority Creditor's Name 501 Bleeker Street Utica, NY 13501	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan - Educaid Wachovia	
4.2	AES Nonpriority Creditor's Name	Last 4 digits of account number 0xxx	\$8,500.00
	PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	
4.3	AES	Last 4 digits of account number XXXX	\$7,500.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Student Loan	

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Depto	Carla S Miller	Case number (if known)	
4.4	AES	Last 4 digits of account number 0xxx	\$5,000.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan	
4.5	AES	Last 4 digits of account number 7PA0	\$3,500.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	
4.6	AES	Last 4 digits of account number XXXX	\$4,000.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	

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Deptoi	Caria S Miller	Case number (if known)	
4.7	AES	Last 4 digits of account number XXXX	\$5,500.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan	
4.8	AES Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$2,000.00
	PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Student Loan	
4.9	AES	Last 4 digits of account number XXXX	\$2,500.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	
		Student Loan	

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Debt	or 1 Carla S Miller	Case number (if known)	
4.1 0	AES	Last 4 digits of account number XXXX	\$2,750.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	_ ,	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	■ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Student Loan	
4.1 1	AES	Last 4 digits of account number XXXX	\$2,500.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Student Loan	
4.1 2	AES	Last 4 digits of account number XXXX	\$2,500.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☐ Other. Specify	
		Student Loan	

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Debt	or 1 Carla S Miller	Case number (if known)	
4.1 3	AES	Last 4 digits of account number XXXX	\$2,750.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u> </u>	■ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☐ Other. Specify	
		Student Loan	
4.1 4	AES	Last 4 digits of account number XXXX	\$8,500.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	■ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	
		Student Loan	
4.1 5	AES	Last 4 digits of account number XXXX	\$5,000.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☐ Other. Specify	
		Student Loan	

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Debt	or 1 Carla S Miller	Case number (if known)	
4.1 6	AES	Last 4 digits of account number XXXX	\$4,600.00
	Nonpriority Creditor's Name PO Box 61047	When was the debt incurred?	
	Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	<u> </u>	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan	
4.1 7	AES	Last 4 digits of account number XXXX	\$10,000.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	Other. Specify	
		Student Loan	
4.1 8	AES	Last 4 digits of account number XXXX	\$2,155.00
	Nonpriority Creditor's Name PO Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	

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Debtor	1 Carla S Miller	Case number (if known)	
4.1	All Francisco	7000	\$40,000,00
9	Ally Financial	Last 4 digits of account number 7698	\$16,000.00
	Nonpriority Creditor's Name PO Box 380901	When was the debt incurred?	
	Minneapolis, MN 55438		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Deficiency for repossessed vehicle	
4.2	D. J. D. J. D. J.	7040	***
0	Barclays Bank Delaware	Last 4 digits of account number 7013	\$2,046.38
	Nonpriority Creditor's Name PO Box 8803	When was the debt incurred?	
	Wilmington, DE 19899-8803		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.2	Comital One o/a Bowfalia Boa	Last 4 digits of account number 7089	£4 E00 00
1	Capital One c/o Porfolio Rec Nonpriority Creditor's Name	Last 4 digits of account number 7089	\$1,500.00
	PO Box 12914	When was the debt incurred?	
	Norfolk, VA 23541		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify credit card	

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1 Carla S Miller	Case number (if known)	
Comcast	Last 4 digits of account number 9344	\$300.00
Nonpriority Creditor's Name 4120 International Pkwy	When was the debt incurred?	
Carrollton, TX 75007 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no of the date year me, the damine. Officer, an that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Utility	
Credit One Bank N.A.	Last 4 digits of account number XXXX	\$1,000.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ1,000.00
PO Box 1269	When was the debt incurred?	
Greenville, SC 29602 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no of the date year me, the damine. Officer, all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify credit card	
Delmarva Power	Last 4 digits of account number	\$525.00
Nonpriority Creditor's Name PO Box 15095	When was the debt incurred?	
Wilmington, DE 19850		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
_	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other, Specify	

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Debt	or 1 Carla S Miller	Case number (if known)	
4.2 5	Direct Loan Svc System	Last 4 digits of account number XXXX	\$63,000.00
	Nonpriority Creditor's Name PO Box 5609	When was the debt incurred?	
	Greenville, TX 75403-5609 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	
4.2 6	Direct Loan Svc System	Last 4 digits of account number XXXX	\$115,000.00
	Nonpriority Creditor's Name PO Box 5609 Greenville, TX 75403-5609	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	
4.2 7	Dish	Last 4 digits of account number 5632	\$225.00
	Nonpriority Creditor's Name Dish Network Department 0063	When was the debt incurred?	
	Department 0063 Palatine, IL 60055-0001		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Utility	

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Depto	Caria S Miller	Case number (if known)	
4.2 8	Educational Funding Company	Last 4 digits of account number 0021	\$270.00
	Nonpriority Creditor's Name Department of Collections 4740 Chevy Chase Drive Suite 200	When was the debt incurred? 3/20/2012	
	Chevy Chase, MD 20815-6459	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Educational Loan	
4.2 9	Navient Solutions, LLC	Last 4 digits of account number 7571	\$225,000.00
	Nonpriority Creditor's Name U.S. Department of Educational Loan Servicing	When was the debt incurred?	
	P.O. Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan	
4.3	NCAS of Delaware	Last 4 digits of account number 5968	\$400.00
0	Nonpriority Creditor's Name	Last 4 digits of account number	—
	Advance America, Cash Advanc 333 Naamans Road Suite 36 Claymont, DE 19703	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset? —	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other, Specify Loan	

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1 Carla S Miller	Case number (if known)	
Peco Energy	Last 4 digits of account number	\$800.00
Nonpriority Creditor's Name 4120 International Pkwy Carrollton, TX 75007	When was the debt incurred? 06/06/2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Utility	
Progressive Finance	Last 4 digits of account number 7435	\$3,500.00
Nonpriority Creditor's Name 11629 South 700 East	When was the debt incurred?	
Draper, UT 84020 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Loan	
Santadner Bank	Last 4 digits of account number 3963	\$1,500.00
Nonpriority Creditor's Name C/O Audit Systems Inc 3696 Ulmerton Road Suite 200	When was the debt incurred?	
Clearwater, FL 33762 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify repossession	

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Debt	or 1 Carla S Miller	Case number (if known)	
4.3 4	Sprint	Last 4 digits of account number	\$915.00
4	Nonpriority Creditor's Name 10550 Deerwood Park Blvd	When was the debt incurred?	<u> </u>
	Jacksonville, FL 32256 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no of the date yearing, the claim io. Official all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<u> </u>	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify Utility	
		— Other. Specify	
4.3 5	Trinity School	Last 4 digits of account number 7045	\$225.00
	Nonpriority Creditor's Name of Natural Health 220 Parker Street	When was the debt incurred?	
	Warsaw, IN 46580	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Educational Loan	
4.3	Universal Account Servicing	Last 4 digits of account number 4AX2	\$1,000.00
6	Nonpriority Creditor's Name		<u> </u>
	PO Box 807010 Kansas City, MO 64180-7010	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collection Account	

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Carla S Miller	Case number (if known)	
USAA Savings Bank	Last 4 digits of account number XXXX	\$385.00
Nonpriority Creditor's Name 10750 McDermott Fwy San Antonio, TX 78288-1600	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify credit card	
Verizon c/o Debt Recovery	Last 4 digits of account number 0001	\$300.00
Nonpriority Creditor's Name		• • • • • • • • • • • • • • • • • • • •
PO Box 9003	When was the debt incurred?	
Syosset, NY 11791 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	. ,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Utility	
WebBank	Last 4 digits of account number XXXX	\$1,200.00
Nonpriority Creditor's Name	Last 4 digits of account number	ψ., <u>_</u> σσ.σσ
Fingerhut 6250 Ridgewood Rd.	When was the debt incurred?	
Saint Cloud, MN 56303 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no or and unit you me, and oranin is or ook an man appropriate	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify credit card	

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Debtor	1 Carla S Miller	Case number (if known)	
4.4			
4.4 0	Wells Fargo	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name PO Box 14517	When was the debt incurred?	-
	Des Moines, IA 50306 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	-
4.4	Wells Fargo Home MTG	Last 4 digits of account number 8558	Unknown
1	Nonpriority Creditor's Name	Last 4 digits of account number	
	PO Box 10335 Des Moines, IA 50306	When was the debt incurred?	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Potential Mortgage Foreclosure Deficiency	-
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed	
is tryi have	ing to collect from you for a debt you owe to s	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For examples omeone else, list the original creditor in Parts 1 or 2, then list the collection agence hat you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional creditors here.	y here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
	t Collection Services Box 55216	Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Cla	
	on, MA 02205-5126	■ Part 2: Creditors with Nonpriority Unsecured	Claims
	·	Last 4 digits of account number 4515	
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
	sified Consultants ox 551268	Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Cla	
	sonville, FL 32255	■ Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number	
Name a	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
	oh F Rosen Esq	Line 4.19 of (Check one):	ims
	ck & Rosen i, FL 33134	■ Part 2: Creditors with Nonpriority Unsecured	Claims
maili	., . = 00107	Last 4 digits of account number	
Name o	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
	Funding LLC	Line <u>4.23</u> of (<i>Check one</i>):	ims
	ox 98875	■ Part 2: Creditors with Nonpriority Unsecured	
∟as V	egas, NV 89193		

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Debtor 1 Carla S Miller		Case number (if known)		
	Last 4 digits of account number	0383		
Name and Address	On which entry in Part 1 or Part 2 d			
MCM	Line 4.20 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims		
Midland Credit Management 2365 Northside Drive		Part 2: Creditors with Nonpriority Unsecured Claims		
Sutie 30				
San Diego, CA 92108	Last 4 digits of account number	1051		
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?		
Receivable Performane Mgmt	Line 4.27 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
20816 44th Ave W Lynnwood, WA 98036		Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	5776		
Name and Address	On which entry in Part 1 or Part 2 d			
SW Credit Systems LP	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
4120 International Pkwy Suite 1100		Part 2: Creditors with Nonpriority Unsecured Claims		
Carrollton, TX 75007				
	Last 4 digits of account number	XXXX		
Name and Address	On which entry in Part 1 or Part 2 d			
SW Credit Systems LP	Line <u>4.31</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims		
4120 International Pkwy Suite 1100		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Carrollton, TX 75007				
	Last 4 digits of account number	XXXX		
Name and Address	On which entry in Part 1 or Part 2 d	, ·		
Transworld Systems Inc PO Box 15095	Line 4.24 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
Wilmington, DE 19850		Part 2: Creditors with Nonpriority Unsecured Claims		
3 - ,	Last 4 digits of account number	xxxx		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 475.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 475.00
				Total Claim
	6f.	Student loans	6f.	\$ 662,255.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 32,291.38
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 694,546.38

Fill in this information to identify your case:				
Debtor 1	Carla S Miller			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 American Credit Acceptance
961 E Main Street
Spartanburg, SC 29302

State what the contract or lease is for
auto lease

Case 8:19-bk-06553-RCT Doc 1 Filed 07/11/19 Page 35 of 59

Fill in this	information to identify your	case:			
Debtor 1	Carla S Miller				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case numb (if known)	ber				☐ Check if this is an amended filing
	l Form 106H ule H: Your Cod	ebtors			12/15
people are fill it out, an your name	filing together, both are equ	ally responsible for sup boxes on the left. Attac). Answer every question	plying correct informat h the Additional Page t n.	ion. If more space is n o this page. On the top	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
_	you have any obactions. (ii	you are ming a joint case,	do not not ounor opodoo	as a soussion.	
■ No □ Yes	;				
Arizona	nin the last 8 years, have yo a, California, Idaho, Louisiana				
	Go to line 3. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D. line	۵
	Name			☐ Schedule E/F, li	ine
				☐ Schedule G, line	e
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	e
	Name			☐ Schedule E/F, lind ☐ Schedule G, lind	 ine
	Number Street				
(City	State	ZIP Code		

Fill	in this information to identify your ca	ase:									
De	btor 1 Carla S Mille	er									
1 -	btor 2 puse, if filing)				_						
Un	ited States Bankruptcy Court for the	: MIDDLE DISTRICT O	F FLORIDA								
Case number (If known)							Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:				
0	fficial Form 106I					MM /	DD/ YYY	<u></u>	· ·		
S	chedule I: Your Inc	ome				,	22,	•		12/15	
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	r spouse is not filing wi	ith you, do not includ	de infor	matio	on about you	ur spouse	e. If mo	ore space is nee	eded,	
1.	Fill in your employment information.		Debtor 1			De	ebtor 2 or	non-fi	ling spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			■ Employed					
		Employment Status	☐ Not employed				☐ Not employed				
		Occupation	Teacher								
	Include part-time, seasonal, or self-employed work.	Employer's name	Fort Lauderdale Prep School			ool					
	Occupation may include student or homemaker, if it applies.	Employer's address		3275 W Oakland Park Blvd Fort Lauderdale, FL 33311							
		How long employed to	here? 4 years							_	
Pa	rt 2: Give Details About Mor	nthly Income									
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any l	line, write \$0	in the spa	ce. Inc	clude your non-fil	ing	
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	emplo	oyers for that	t person or	າ the lir	nes below. If you	need	
						For Debtor			btor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,200	0.00 \$		0.00		
3.	Estimate and list monthly overt	ime pay.		3.	+\$	(0.00 +	\$	0.00		

Official Form 106I Schedule I: Your Income page 1

3,200.00

0.00

Calculate gross Income. Add line 2 + line 3.

Debt	or 1 _	Carla S Miller		_		Case r	number (<i>if known</i>)				
						For	Debtor 1		Debtor		
	Copy	y line 4 here		4.		\$	3,200.00	\$	g .	0.00	-
5.	Liet	all payroll deduct				-	<u> </u>	=			_
5.	5a.			Ec		\$	400.00	¢		0.00	
	5a. 5b.		and Social Security deductions tributions for retirement plans	5a 5b		\$ 	490.00	\$_ \$		0.00	_
	5c.	•	ibutions for retirement plans	50		<u> </u>	0.00	\$_		0.00	_
	5d.	•	ments of retirement fund loans	50		\$	0.00	\$_		0.00	_
	5e.	Insurance		5e	€.	\$	0.00	\$		0.00	
	5f.	Domestic support	ort obligations	5f		\$	0.00	\$		0.00	
	5g.	Union dues		50	_	\$	0.00	\$_		0.00	_
	5h.	Other deduction	ns. Specify: medicare	5h	า.+	\$	47.00	+ \$_		0.00	_
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	537.00	\$_		0.00	_
7.	Calc	ulate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$	2,663.00	\$_		0.00	<u> </u>
8.	List a 8a.	Net income from profession, or f Attach a statement receipts, ordinary	ent for each property and business showing gross y and necessary business expenses, and the total	9.0		¢	0.00	¢		0.00	
	8b.	monthly net inco		8a 8b		\$	0.00	\$_ \$		0.00	_
	8c.	Family support regularly receiv Include alimony,	payments that you, a non-filing spouse, or a dependent e spousal support, child support, maintenance, divorce		J.	Ψ	0.00	Ψ_		0.00	_
			property settlement.	80		\$	0.00	\$_		0.00	_
	8d.	Unemployment		80		\$	0.00	\$_		0.00	_
	8e. 8f.	Include cash ass that you receive,	ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	86 e 8f		\$ \$	0.00	\$_ \$		0.00	_
	8g.	Pension or retir	rement income	8g		\$	514.00	\$_		0.00	_
	8h.	Other monthly i	ncome. Specify: VA Disability	8h	า.+	\$		+ \$_		0.00	_
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	:	\$	1,194.00	\$_		0.0	0
10	Calc	ulate monthly inc	come. Add line 7 + line 9.	10.	\$	•	3,857.00 + \$		0.00]_s	3,857.00
10.		-	10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	•	,,037.00 · ⁺		0.00	-	3,037.00
11.	State Inclu- other	e all other regular de contributions fr r friends or relative ot include any amo	r contributions to the expenses that you list in Schedule om an unmarried partner, members of your household, you	r depe			•			e <i>J</i> . +\$	0.00
12.		e that amount on the	e last column of line 10 to the amount in line 11. The re- ne Summary of Schedules and Statistical Summary of Certa						12.	\$	3,857.00
13.	Do y	ou expect an inc	rease or decrease within the year after you file this form	1?						Combi month	ned ly income
	■	Yes. Explain:	Debtor's non-filing spouse is non-resident, non- and earns a minimal annual salary estimated to living there is lower than in the US so he is able to offer any financial support to the Debtor and	be b to m	etv 1ee	veen t mo	\$5,000 to \$10 st of his expe	,000 nses	US dol	lars. Th	ne cost of is unable

from her. He visits the Debtor here in the US when he is able to get a Visa which is about once a year and is able to stay for approximately 2 -3 months. During those visits the Debtor completely supports him.

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:							
Deb	tor 1	Carla S Mille	er			Cł	neck	if this is:		
								n amended filing		
l	otor 2 ouse, if filing)								ving postpetition chapter the following date:	
(Spt	Juse, II IIIIIg)						'	3 expenses as or	the following date.	
Unit	ed States Bankı	ruptcy Court for the	: MIDDL	E DISTRICT OF FLORIDA	Λ		N	MM / DD / YYYY		
Cas	e number									
(If kı	nown)									
\bigcap	fficial Fo	rm 106J								
		J: Your	Evnor	1606					12 <i>l</i> ·	4 6
Be info nur	as complete ormation. If m mber (if know	and accurate as nore space is ne n). Answer ever	possible eded, atta ry questio	. If two married people a ch another sheet to this					or supplying correct	13
Par 1.	Is this a joir	ribe Your House nt case?	enoia							_
	■ No. Go to		in a senar	ate household?						
	□ 103. D 00		iii a sepai	ate mousemora.						
	= -	-	st file Offic	al Form 106J-2, <i>Expense</i> s	s for Separate House	hold of D	ebto	or 2.		
2.	Do you hav	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.			Husband			45 yrs	Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes	
									□ No □ Yes	
3.	Do vour ext	penses include	_						□ Yes	
.	expenses o	of people other to d your depende	han 👝	No Yes						
		nate Your Ongoi		ly Expenses uptcy filing date unless y	you are using this fo	rm ac a	cun	plomont in a Cha	entor 12 case to report	
exp		a date after the l		y is filed. If this is a sup						!
				government assistance						
	ficial Form 10		a nave inc	riuded it on <i>Scriedule I</i> :	Tour income	-		Your expe	enses	
4.		or home owners		uses for your residence.	Include first mortgage	4.	\$		1,449.00	
		ded in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		erty, homeowner's	s, or renter	's insurance		4b.			16.00	
	•	•		upkeep expenses		4c.	\$		0.00	
		owner's associat				4d.			0.00	
5.	Additional mortgage payments for your residence, such as home equity loans				5.	\$		0.00		

or 1	Carla S Miller	Case num	ber (if known)	-
Utili	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	60.00
6b.	Water, sewer, garbage collection	6b.		0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		333.00
6d.	Other. Specify:	6d.	· · ·	0.00
	d and housekeeping supplies		·	350.00
	Idcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	25.00
	sonal care products and services	10.	\$	75.00
	lical and dental expenses	11.	· : ———	25.00
	nsportation. Include gas, maintenance, bus or train fare.	11.	Ψ	23.00
	not include car payments.	12.	\$	410.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	ritable contributions and religious donations	14.		0.00
	urance.	• • •	<u> </u>	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	0.00
	. Health insurance	15b.		0.00
	. Vehicle insurance	15c.	•	180.00
	. Other insurance. Specify:	15d.		0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		¥	0.00
Spe	cify: personal income tax	16.	\$	137.00
	allment or lease payments:			
	. Car payments for Vehicle 1	17a.		366.00
	. Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.		0.00
17d.	. Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report			0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 10	18 .	· ·	0.00
	er payments you make to support others who do not live with you.		\$	0.00
	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on 3			
	. Mortgages on other property	20a.		0.00
20b.	. Real estate taxes	20b.		0.00
	. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	. Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify: school tuition	21.	+\$	552.00
Calc	culate your monthly expenses			
22a	. Add lines 4 through 21.		\$	4,028.00
22b.	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.	J-2	\$	·
	. Add line 22a and 22b. The result is your monthly expenses.		s ———	4,028.00
	, , , ,			4,020.00
Calc	culate your monthly net income.		_	
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,857.00
23b.	. Copy your monthly expenses from line 22c above.	23b.	-\$	4,028.00
23c.	. Subtract your monthly expenses from your monthly income.	22	¢	174.00
	The result is your monthly net income.	23c.	\$	-171.00
For e	you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect iffication to the terms of your mortgage?			ase or decrease because
	No.			
	Yes. Explain here:			

Fill in this informa	ation to identify your	ase:						
Debtor 1	Carla S Miller							
Dahtan	First Name	Middle Name	Last Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bank	cruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA					
Case number					☐ Check if this is an amended filing			
Official Form Declaration		n Individua	l Debtor's Sc	hedules	12/15			
If two married peop	ple are filing together	, both are equally respo	onsible for supplying cor	rect information.				
obtaining money o years, or both. 18 l	You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below							
Did you pay o	or agree to pay some	one who is NOT an atto	orney to help you fill out b	pankruptcy forms?				
■ No								
☐ Yes. Na	Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)							
	of perjury, I declare rue and correct.	hat I have read the sur	nmary and schedules file	d with this declaratio	on and			
X /s/ Carla	S Miller		X					
Carla S N Signature	Miller of Debtor 1		Signature of	Debtor 2				
Date <u>Ju</u>	ly 11, 2019		Date					

Official Form 106Dec

Fill in this information to i	dentify your cas	se:			
Debtor 1 Carla First Nam	S Miller	Middle Name	Lost Nama		
Debtor 2	ie	Middle Name	Last Name		
(Spouse if, filing) First Nam	ne	Middle Name	Last Name		
United States Bankruptcy C	Court for the: _N	MIDDLE DISTRICT OF F	LORIDA		
Case number					
(if known)				-	Check if this is an
					mended filing
Official Farms 40	7				
Official Form 10		-: f l dii-	luala Filiaa faa D		
			duals Filing for B		4/19
				equally responsible for sup additional pages, write you	
number (if known). Answe	r every question	ı .			
Part 1: Give Details Ab	out Your Marital	Status and Where You	Lived Before		
What is your current r	marital status?				
■ Manuda d					
■ Married□ Not married					
2. During the last 3 years	e have you live	d anywhere other than	whore you live new?		
Z. During the last 3 years	s, nave you nve	a anywnere ourer than	where you live now !		
□ No					
Yes. List all of the	places you lived	in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
Debtor 1 Prior Addre	ss:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
1710 Thomas Stree	et #1	From-To:	☐ Same as Debtor		☐ Same as Debtor 1
Hollywood, FL 330	20				From-To:
				ity property state or territor ico, Texas, Washington and V	
No					
☐ Yes. Make sure yo	ou fill out <i>Schedu</i>	le H: Your Codebtors (Of	fficial Form 106H).		
Part 2 Explain the Sou	rces of Your Inc	ome			
Fill in the total amount of	of income you red	ceived from all jobs and a	g a business during this yeall businesses, including parterogether, list it only once ur		ndar years?
□ No					
Yes. Fill in the det	ails.				
	De	btor 1		Debtor 2	
		urces of income	Gross income	Sources of income	Gross income
	Ch	eck all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of curren	t vear until	Magaa aamminin	\$19,000.00	☐ Wages, commissions,	,
the date you filed for bank	cruptov:	Wages, commissions, nuses, tips	ψ13,000.00	bonuses, tips	
		Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	otor 1 Ca	ria S Miller					Ca	se number (if known)	·	
				Debtor 1				Debtor 2		
				Sources of Check all tha			income e deductions and ions)	Sources of inc		Gross income (before deductions and exclusions)
	r last calen nuary 1 to	dar year: December 31	, 2018)	■ Wages, o	commissions, s		\$41,192.00	☐ Wages, cor bonuses, tips	nmissions,	
				☐ Operating	g a business			☐ Operating a	business	
		dar year befor December 31		■ Wages, o	commissions,		\$46,308.00	☐ Wages, cor bonuses, tips	nmissions,	
				☐ Operating	g a business			☐ Operating a	a business	
	and other winnings.	public benefit public	payments; a joint cas	pensions; rent e and you hav	al income; inte ve income that	rest; divid you receiv	ends; money colle red together, list it		; royalties; a Debtor 1.	Security, unemployment, nd gambling and lottery
				Debtor 1				Debtor 2		
				Sources of i Describe bel		each s	s income from source e deductions and ions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
		/ 1 of current y filed for bankr		Retirement	t Income		\$3,100.00			
	r last calen nuary 1 to	dar year: December 31	, 2018)	Retirement	t Income		\$6,200.00			
		dar year befor December 31		Retiremen	t Income		\$6,200.00			
Pa	rt 3: List	: Certain Payn	nents You	Made Before	You Filed for	Bankrup	tcy			
6.		Debtor 1's o	Debtor 2' or 1 nor D	s debts prime ebtor 2 has p	arily consume	er debts? umer deb	ts. Consumer dek	ots are defined in 1	1 U.S.C. § 10	01(8) as "incurred by an
		_ ~	days befo o to line 7	,	r bankruptcy, d	lid you pay	any creditor a tot	al of \$6,825* or mo	ore?	
		p	aid that cre	editor. Do not		nts for dor	nestic support obl			the total amount you and alimony. Also, do
								n or after the date	of adjustmen	nt.
	Yes.			-	orimarily consor r bankruptcy, d			al of \$600 or more	?	
		■ No. C	Go to line 7							
		İI	nclude pay		nestic support o			nd the total amount pport and alimony.		at creditor. Do not include payments to an
	Creditor'	s Name and A	ddress	D	ates of payme	ent	Total amount paid	Amount you still owe	Was this	payment for

Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partners of their voting	erships of which yog g securities; and a	ou are a general propertion of the second properties of the second prop	partner; corporations ent, including one for		
	No No							
	Yes. List all payments to an insider.	Datas of maximum and	Total amazunt	A a	Dannen fan th	i		
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment		
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		ments or transfer a	iny property on a	ccount of a deb	t that benefited an		
	■ No							
	Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor			
Pai	t 4: Identify Legal Actions, Repossession	s, and Foreclosures						
	modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details. Case title	Nature of the case	Court or agency		Status of the	case		
	Carlo S Millor	Civil Complaint	Proward County		_			
	Carla S Miller Ally Financial Ally Financial COCE-18-008559	Civil Complaint for Damages	Broward County Courthouse 201 SE 6th Street Fort Lauderdale, FL 33301		■ Pending □ On appeal □ Concluded			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	v.	rty repossessed, f		shed, attached,			
	Creditor Name and Address	Describe the Property Explain what happened	l	Date		Value of the property		
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.		uding a bank or fir	nancial institution	n, set off any am	ounts from your		
	Creditor Name and Address	Describe the action the creditor took Date taker			action was	Amount		
12.								
	■ No □ Yes							

Debtor 1 Carla S Miller

Deb	Debtor 1 Carla S Miller			Case number	Case number (if known)				
Par	t 5:	List Certain Gifts and Contribution	ns						
13.	I	n 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy, c	lid you give any gifts with a total value of more t	han \$600 per person?	•			
	Gifts	with a total value of more than \$6 person	00	Describe the gifts	Dates you gave the gifts	Value			
	Pers Addr	on to Whom You Gave the Gift and ress:	d						
14.		n 2 years before you filed for bank No Yes. Fill in the details for each gift or		lid you give any gifts or contributions with a tota	l value of more than S	\$600 to any charity?			
	Gifts more Char	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod	total	Describe what you contributed	Dates you contributed	Value			
Par	t 6:	List Certain Losses							
	■ N Desc	mbling? No Yes. Fill in the details. cribe the property you lost and the loss occurred		be any insurance coverage for the loss	Date of your loss	Value of property lost			
Par	t 7·	List Certain Payments or Transfer	insuran	ice claims on line 33 of Schedule A/B: Property.					
16.	Within consu	n 1 year before you filed for bankru ulted about seeking bankruptcy or	uptcy, di	d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services required		ty to anyone you			
	Addr Ema	on Who Was Paid ress il or website address on Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	120 Suite Lake	Stohlman Law Firm, LLC E. Pine Street e #7 eland, FL 33801 rless@cstohlmanlaw.com		Attorney Fees		\$600.00			
	633	ess Counseling, Inc W 5th Street Angeles, CA 90071		Pre-Filing Credit Counseling		\$15.00			

Debtor 1 Carla S Miller Case number (if known)

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	rs or to make payments			ny property	to anyone who			
	No The state of th								
	Yes. Fill in the details.								
	Person Who Was Paid Address	Description and vertransferred	alue of any prope	rty Date payl or transfe made		Amount of payment			
40	Within 2 years before you filed for bonky me	did van aall trada .	u othomuico trono	far any property to any	ana atharth	an neanarts			
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your build like the like transfers and transfers and transfers mainclude gifts and transfers that you have already No	usiness or financial affa ade as security (such as t	airs? the granting of a se						
	Yes. Fill in the details.								
	Person Who Received Transfer Address		property transferred p		Describe any property or payments received or debts paid in exchange				
	Person's relationship to you								
 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which yo beneficiary? (These are often called asset-protection devices.) No 				which you are a					
	Yes. Fill in the details.								
	Name of trust	Description and v	value of the prope	ty transferred		ate Transfer was			
Par	List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Stora	age Units					
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc	r other financial accou	nts; certificates of	•		,			
	■ No								
	☐ Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	or Date account closed, sold, moved, or transferred		Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	safe deposit box or oth	er depositor	y for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the contents		Do you still have it?			
22.	Have you stored property in a storage unit o	or place other than your	home within 1 ye	ar before you filed for I	oankruptcy?				
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the contents		Do you still have it?			
		Similar Lin Gode)							

Case 8:19-bk-06553-RCT Doc 1 Filed 07/11/19 Page 46 of 59 Debtor 1 Carla S Miller Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Status of the Case Title Court or agency Nature of the case Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation

Official Form 107

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No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) No Attendance Name Address (Number, Street, City, State and ZIP Code) No Name Address (Number, Street, City, State and ZIP Code) No Name Address (Number, Street, City, State and ZIP Code) No No Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. No Signature of Debtor 2 Signature of Debtor 1 Date July 11, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	Deb	otor 1 Carla S Miller	Ca	Case number (if known)		
Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code)						
Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Describe the nature of the business Name of accountant or bookkeeper Name of accountant or bookkeeper Do not include Social Security number or ITIN. Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No No Yes. Fill in the details below. Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued Address (Number, Street, City, State and ZIP Code) Date Issued	■ No. None of the above applies. Go to	Part 12.				
Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Do not include Social Security number or ITIN. Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. 18/ Carla S Miller Carla S Miller Signature of Debtor 2 Signature of Debtor 1 Date July 11, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		☐ Yes. Check all that apply above and fil	II in the details below for each business.			
Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carla S Miller Carla S Miller Signature of Debtor 2 Signature of Debtor 1 Date July 11, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		Address				
Institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carla S Miller Carla S Miller Signature of Debtor 1 Date July 11, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed		
Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carla S Miller Carla S Miller Signature of Debtor 2 Signature of Debtor 1 Date	28.	institutions, creditors, or other parties.	otcy, did you give a financial statement to a	nyone about your business? Include all financial		
I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carla S Miller Carla S Miller Signature of Debtor 2 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		Address	Date Issued			
are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Is/ Carla S Miller	Par	t 12: Sign Below				
Carla S Miller Signature of Debtor 2 Date July 11, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	are t with 18 U	true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	a false statement, concealing property, or o	btaining money or property by fraud in connection		
Signature of Debtor 1 Date			Cinneture of Debtor 2			
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?			Signature of Debtor 2			
■ No □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	Dat	e _July 11, 2019	Date			
	■ N	lo	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?		
Tyes Name of Person Attach the Bankruptcy Petition Preparer's Notice Declaration and Signature (Official Form 119)	■ N	lo	, ,,	•		

Fill in this informat	tion to identify your o	case:				
Debtor 1	Carla S Miller					
Debtor 2	First Name	Middle Name	Last	Name	_	
(Spouse if, filing)	First Name	Middle Name	Last	Name	_	
United States Bankı	ruptcy Court for the:	MIDDLE DISTRIC	T OF FLORIDA			
Case number						
(if known)						Check if this is an
						amended filing
Official Form	- 100					
Official Form		n far Indiv	iduala Eil	ing Under Ch	ontor 7	
Statement	orintentio	n for indiv	iduais Fii	ing Under Ch	apter 1	12/15
If you are an individ	lual filing under chap	oter 7, you must fill	out this form if:			
_	laims secured by you					
	personal property a			kruptcy petition or by the	date set for the	meeting of creditors.
whichever	r is earlier, unless th	e court extends the	e time for cause.	You must also send copie	s to the credito	ors and lessors you list
		to a tate of a second back	(l			an Bath dahtana masat
	date the form.	in a joint case, bot	th are equally res	ponsible for supplying co	orrect information	on. Both debtors must
	l accurate as possibly name and case nun		needed, attach a	separate sheet to this for	rm. On the top	of any additional pages,
		,				
Part 1: List Your	Creditors Who Have	Secured Claims				
1. For any creditors information below	•	rt 1 of Schedule D:	: Creditors Who H	lave Claims Secured by P	Property (Officia	al Form 106D), fill in the
	w. tor and the property th	nat is collateral		tend to do with the prope		id you claim the property
			secures a debt	<i>(</i>	as	s exempt on Schedule C?
Creditor's Ame	orioon Cradit Acad	ntonos			_	1
name:	erican Credit Acce	ptance	☐ Surrender the	e property. roperty and redeem it.	L	l No
Description of	2007 STS Cadillac	90500 miles	Retain the pr	operty and enter into a		Yes
property	2007 STS Cadillac	69500 miles	_	n Agreement. operty and [explain]:		
securing debt:			— Retain the pr	operty and [explain].		
Part 2: List Your	Unexpired Personal	Property Leases				
For any unexpired p	personal property lea	se that you listed i				es (Official Form 106G), fill
				e leases that are still in ef not assume it. 11 U.S.C. §		period has not yet ended.
Describe your une	xpired personal prop	erty leases			Will th	e lease be assumed?
Lessor's name:	American Cred	lit Accentance			□ No	
Lesson s name.	American crec	iii Acceptance			LI NO	
					Yes	S
Description of lease	d auto lease					
Property:	- 4410 16436					
Part 3: Sign Beld	ow					

Official Form 108

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Deb	otor 1 Carla S Miller	Case number (if known)
	er penalty of perjury, I declare that I have indicated my erty that is subject to an unexpired lease.	y intention about any property of my estate that secures a debt and any personal
X	/s/ Carla S Miller	x
	Carla S Miller	Signature of Debtor 2
	Signature of Debtor 1	
	Date	Date

Check one box only as directed in this form and in Form 122A 1 Shiller Debtor 1 Carla S Miller						
Debtor 2 Spouse, if likely	Fill in this information to identify your case:		Check on	e box only as d	irected in this form and	d in Form
United States Bankruptcy Court for the: Middle District of Florida Case number	Debtor 1 Carla S Miller		122A-1St	ipp:		
spiples will be made under Chapter 7 Means 7 Cacluation (Official Form 122A-2). 3. The Means Test does not apply now because of qualified military service but it could apply later Check if this is an amended filing Check if th			■ 1. T	here is no pres	umption of abuse	
Check if this is an amended filing	United States Bankruptcy Court for the: Middle District of Flori	ida	a	applies will be n	nade under <i>Chapter</i> 7	•
Chapter 7 Statement of Your Current Monthly Income Be as complete and accurate as possible. It two married people are filing together, both are equally responsible for being accurate. If more space is need that such a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your necesse number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because untilifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the complete service of the complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this file of the Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is filing with you. You and your spouse are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns B. before you file in the bankrupt of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file			□ 3. T	he Means Test	does not apply now be	
Chapter 7 Statement of Your Current Monthly Income Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is need that stack a separate sheet to this form. Include the line number to which the additional pages, write your natural stack a separate sheet to this form. Include the line number to which the additional pages, write your natural number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because you have primarily and your spouse are: Living in the same household and ren not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated under nonbankruptly locumer applies or that you and your spouse giving apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average mo						эріу іаіеі.
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needstatch a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your nease number (if known), if you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because until ying military service, complete and life Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with this form 122A-15upp) with form 122A-15upp) w	Official Form 1224 - 1		LI Ch	eck ii this is a	n amended illing	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needstach a separate sheet to this form. Include the line number to which the additional information applies on the top of any additional pages, write your races number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because unabilitying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 122A-1Supp) with 12A		ant Manthly	Incom	^		40/45
attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your naces number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because jualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Formation of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this formation of Abuse Under § 707(b)(2) (Official Formation of Abus	Chapter / Statement of Your Curre	FILL WIGHTING	IIICOIII			12/15
Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. 101(10A). For example, if you are filing on September 15, the 8-month period would be March 1 through August 31. If the amount of your monthly income varied the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Debtor 1	attach a separate sheet to this form. Include the line number to whice ase number (if known). If you believe that you are exempted from a qualifying military service, complete and file Statement of Exemption	h the additional inform presumption of abuse	ation applies. because you	On the top of aid on the top of aid on the top of the t	ny additional pages, wri	te your name and or because of
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7. Interest, dividends, and royalties \$ 0.00 \$			\$	0.00	\$	

Official Form 122A-1

Debto	Carla S	Miller		Case	number (if known)			
				Colum Debto		Column B Debtor 2 o	or	
8.	Unemploymer	nt compensation		\$	0.00	\$		
		e amount if you contend that the amour urity Act. Instead, list it here:	t received was a benefit und	er				
	For you	9	0.00					
		ouse §	.					
	benefit under the	tirement income. Do not include any arne Social Security Act.		\$	514.00	\$		
10.	Do not include received as a v	all other sources not listed above. Speany benefits received under the Social strictim of a war crime, a crime against hurism. If necessary, list other sources on a	Security Act or payments manity, or international or					
	· VA D	isability		\$	680.00	\$		
				\$	0.00	\$		
	Total	amounts from separate pages, if any.		+ \$	0.00	\$		
11.		r total current monthly income. Add li Then add the total for Column A to the to		4,394.0	00 +		=[\$_	4,394.00
							Total o	current monthly le
Part	2: Determ	ine Whether the Means Test Applies	to You					
12.	Calculate vou	r current monthly income for the year	. Follow these steps:					
	-	r total current monthly income from line			Copy line 11	nere=>	\$	4,394.00
		·						
	Multiply by	y 12 (the number of months in a year)					X	12
	12b. The result	is your annual income for this part of the	e form			12	b. \$	52,728.00
13.	Calculate the	median family income that applies to	you. Follow these steps:					
	Fill in the state	in which you live.	FL					
	Fill in the numb	per of people in your household.	2					
	Fill in the media	an family income for your state and size	of household.			13.	. \$	60,400.00
		applicable median income amounts, go	online using the link specifie			tions		
		his list may also be available at the bank	cruptcy cierk's office.					
14.	How do the lir	•						
		ne 12b is less than or equal to line 13. C o to Part 3.	On the top of page 1, check b	ox 1, The	re is no presun	nption of abu	se.	
	14b. 🗆 Lii	ne 12b is more than line 13. On the top to Part 3 and fill out Form 122A-2.	of page 1, check box 2, The	presumpti	ion of abuse is	determined l	by Form 1	22A-2.
Part	3: Sign Be	elow						
	By signing	here, I declare under penalty of perjury	that the information on this	statement	t and in any atta	achments is t	true and c	orrect.
	-	rla S Miller S Miller			·			
		ire of Debtor 1						
	Date July 1							
		cked line 14a, do NOT fill out or file For	m 122A-2.					
	•	cked line 14b, fill out Form 122A-2 and						

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

re	Carla S Miller	Debtor(s)	Case No. Chapter	7
	VE	RIFICATION OF CREDITOR	MATRIX	
ah	ove-named Debtor bereby verifi	es that the attached list of creditors is true and c	orrect to the best	of his/her knowledge
ao	ove-named belief hereby verm	es that the attached list of creditors is true and c	offeet to the best	of ms/ner knowledge.
te:	July 11, 2019	/s/ Carla S Miller Carla S Miller		

Signature of Debtor

Carla S Miller 702 South 17th Avenue #4

Hollywood, FL 33020

Credit Collection Services P.O. Box 55216 Boston, MA 02205-5126 MCM Midland Credit Management 2365 Northside Drive Sutie 30 San Diego, CA 92108

Charles T. Stohlman The Stohlman Law Firm, LLC 120 E. Pine Street Suite #7 Lakeland, FL 33801 Credit One Bank N.A. PO Box 1269 Greenville, SC 29602 Navient Solutions, LLC U.S. Department of Educational Loan Servicing P.O. Box 9635 Wilkes Barre, PA 18773-9635

ACS/Wells 501 Bleeker Street Utica, NY 13501 Delmarva Power PO Box 15095 Wilmington, DE 19850 NCAS of Delaware Advance America, Cash Advanc 333 Naamans Road Suite 36 Claymont, DE 19703

AES PO Box 61047 Harrisburg, PA 17106 Direct Loan Svc System PO Box 5609 Greenville, TX 75403-5609

Peco Energy 4120 International Pkwy Carrollton, TX 75007

Ally Financial PO Box 380901 Minneapolis, MN 55438 Dish Dish Network Department 0063 Palatine, IL 60055-0001 Progressive Finance 11629 South 700 East Draper, UT 84020

American Credit Acceptance 961 E Main Street Spartanburg, SC 29302 Diversified Consultants PO Box 551268 Jacksonville, FL 32255 Receivable Performane Mgmt 20816 44th Ave W Lynnwood, WA 98036

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803 Educational Funding Company Department of Collections 4740 Chevy Chase Drive Suite 200 Chevy Chase, MD 20815-6459 Santadner Bank C/O Audit Systems Inc 3696 Ulmerton Road Suite 200 Clearwater, FL 33762

Capital One c/o Porfolio Rec PO Box 12914 Norfolk, VA 23541 Joseph F Rosen Esq Pollack & Rosen Miami, FL 33134 Sprint 10550 Deerwood Park Blvd Jacksonville, FL 32256

Comcast 4120 International Pkwy Carrollton, TX 75007 LVNV Funding LLC PO Box 98875 Las Vegas, NV 89193 State of Delaware Delaware Division of Corp. PO Box 5509 Binghamton, NY 13902-5509 SW Credit Systems LP 4120 International Pkwy Suite 1100 Carrollton, TX 75007

Transworld Systems Inc PO Box 15095 Wilmington, DE 19850

Trinity School of Natural Health 220 Parker Street Warsaw, IN 46580

Universal Account Servicing PO Box 807010 Kansas City, MO 64180-7010

USAA Savings Bank 10750 McDermott Fwy San Antonio, TX 78288-1600

Verizon c/o Debt Recovery PO Box 9003 Syosset, NY 11791

WebBank Fingerhut 6250 Ridgewood Rd. Saint Cloud, MN 56303

Wells Fargo PO Box 14517 Des Moines, IA 50306

Wells Fargo Home MTG PO Box 10335 Des Moines, IA 50306 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

			Middle District of Florida			
In r	e Carla S Miller		Debtor(s)	Case No.	7	
			Debtor(s)	Chapter		
	DIS	CLOSURE OF COM	MPENSATION OF ATTORN	EY FOR DI	EBTOR(S)	
1.	compensation paid to	me within one year before th	. 2016(b), I certify that I am the attorney the filing of the petition in bankruptcy, or a lation of or in connection with the bankrupt	agreed to be paid	to me, for services rendered or to	
	For legal service	es, I have agreed to accept		\$	600.00	
			eived		600.00	
				\$	0.00	
2.	The source of the cor	mpensation paid to me was:				
	Debtor	☐ Other (specify):				
3.	The source of compe	nsation to be paid to me is:				
	Debtor	☐ Other (specify):				
4.	■ I have not agreed	l to share the above-disclosed	compensation with any other person unle	ess they are mem	bers and associates of my law fire	
			mpensation with a person or persons who the names of the people sharing in the cor			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	 b. Preparation and fi c. Representation of d. [Other provisions Negotiatio reaffirmati 	iling of any petition, schedule the debtor at the meeting of as needed] ons with secured creditor	d rendering advice to the debtor in determes, statement of affairs and plan which ma creditors and confirmation hearing, and are sto reduce to market value; exemplications as needed; preparation and non household goods.	y be required; ny adjourned hea otion planning;	rings thereof;	
6.	Represent		sed fee does not include the following ser ny dischargeability actions, judicial		es, relief from stay actions o	
			CERTIFICATION			
this	I certify that the foregon bankruptcy proceeding		t of any agreement or arrangement for pay	ment to me for r	epresentation of the debtor(s) in	
<u> </u>	July 11, 2019		/s/ Charles T. Stohlm			
1	Date		Charles T. Stohlman	933287		
			Signature of Attorney The Stohlman Law F	irm, LLC		
			120 E. Pine Street			
			Suite #7 Lakeland, FL 33801			
			(863) 603-0856 Fax:		7	
			<u>charless@cstohlmar</u> Name of law firm	nlaw.com		
			ivame of taw firm			